



APPLICATION FOR ARCHITECT EXAMINATION

State Form 45691 (R5 / 12-02)

Approved by State Board of Accounts, 2002

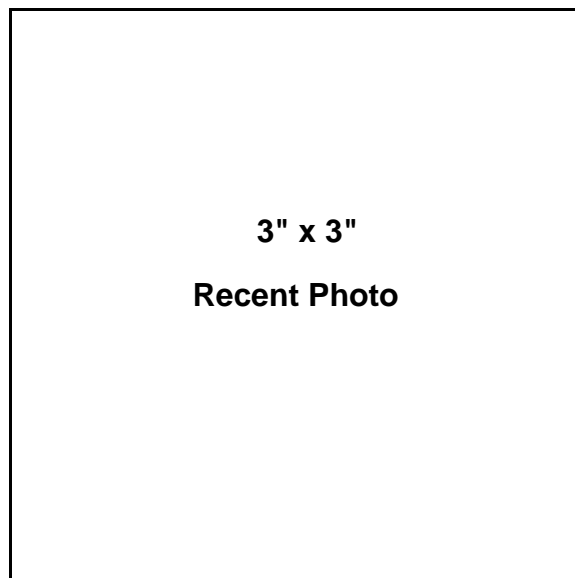
FEE: \$50.00

All fees are nonrefundable and nontransferable

Indiana State Board of Registration for Architects
and Landscape Architects
302 W. Washington St. Rm. E034
Indianapolis, Indiana 46204
(317) 232-2980
www.in.gov/pla

NCARB / IDP file number	Indiana Intern file number	Application file number
Name of applicant (<i>first, middle, last</i>)		
*Your Social Security number is requested in accordance with IC 4-1-8.1, which is mandatory, and is accessible by the Indiana Department of Revenue.		*Social Security number
BUSINESS ADDRESS		
Name of firm	Telephone number ()	
Address of firm (<i>number and street, city, state, ZIP code</i>)		
RESIDENCE ADDRESS		
Address (<i>number and street, city, state, ZIP code</i>)		
Telephone number ()	Address for correspondence <input type="checkbox"/> Residence <input type="checkbox"/> Business	Birthdate (<i>month, day, year</i>)
I hereby make application to sit for the _____ architect examination. Date		
NCARB / IDP APPLICANT		
Transmittal of my NCARB / IDP Council Record to the Indiana State Board of Registration for Architects was requested _____. File number: _____		
INDIANA INTERN APPLICANT		
Application for Indiana Intern Training and Experience Record was established _____		
Signature of applicant		Date signed (<i>month, day, year</i>)

A recent Photo must accompany this application.



PLEASE COMPLETE THE FOLLOWING SECTIONS AND RETURN TO IPLA

- | | | |
|---|------------------------------|-----------------------------|
| a. Have you ever been denied registration? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Has your license ever been suspended or revoked? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Have you surrendered or allowed your registration to lapse in any jurisdiction due to an action pending or threatened? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. Has a court or registration board ever found that you have violated the law in the conduct of your architectural practice or that you have engaged in conduct involving the wanton disregard for the rights of others? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| e. Have you entered into a consent or other agreement with any registration board in connection with disciplinary action? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If you have answered yes to any of the above questions, provide dates and details of the situation in the space below *(include the result of any appeals)*

AFFIDAVIT AND NOTARIZATION

The applicant acknowledges that the Indiana Professional Licensing Agency will compile and evaluate a record with respect to all aspects of the applicant's career. The applicant agrees to provide any additional information in connection with the investigation as may be required by us.

The applicant acknowledges that any statements provided will be available to the applicant. The applicant hereby authorizes the IPLA to transmit the applicant's record and all other pertinent information obtained in the course of its investigation to Architectural Registration Boards of States, Provincial Registrars or other political subdivisions registering architects.

In consideration of the services to be rendered by the IPLA, the applicant hereby releases, discharges and exonerates the Indiana Professional Licensing Agency, its officers, directors and agents from any and all liability or every nature and kind arising out of the transmission of information concerning the application.

The undersigned, being duly sworn, upon oath deposes and says that he / she is the person making the foregoing statements, and that they are made in good faith and are true in every respect.

Signature of applicant

Date *(month, day, year)*

STATE / PROVINCE OR COUNTRY OF:

COUNTY OF:

Subscribed and sworn by the deponent _____

before me, at _____

on _____ day of _____, 20_____.

By _____

NOTARY

SEAL